Provider Report

Claims Incurred through April 2022 and Paid through July 2022

Number of Providers Serving Medicaid Members by Specialty

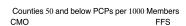
Excludes members with Medicare coverage.

		Number of Providers								
Provider Taxonomy		СМО			FFS					
	May 2020 - Apr 2021	May 2021 - Apr 2022	% Change	May 2020 - Apr 2021	May 2021 - Apr 2022	% Chang				
Diagnostic Radiology	7,492	7,252	-3%	7,339	8,077	10%				
nternal Medicine	5,046	5,352	6%	4,851	5,141	6%				
Nurse Practitioner, Family	4,347	4,787	10%	4,219	4,917	17%				
Emergency Medicine	5,376	5,560	3%	2,597	2,920	12%				
Family Medicine	4,460	4,489	1%	3,655	3,768	3%				
Physician Assistant	3,465	3,711	7%	3,381	3,907	16%				
Nurse Anesthetist, Certified Registered	3,098	3,483	12%	3,075	3,318	8%				
Nurse Practitioner	2,844	2,969	4%	2,815	3,186	13%				
Pediatrics, Pediatrics	3,685	3,366	-9%	2,197	2,274	4%				
Anesthesiology	2,703	2,839	5%	2,252	2,364	5%				
nternal Medicine, Cardiovascular Disease	2,119	2,030	-4%	2,441	2,612	7%				
Anesthesiologist Assistant	2,336	2,553	9%	1,731	1,861	8%				
Obstetrics/Gynecology	2,525	2,293	-9%	1,596	1,593	0%				
Speech-Language Pathologist	1,519	1,702	12%	1,455	1,619	11%				
Surgery	1,462	1,517	4%	1,417	1,504	6%				
Orthopaedic Surgery	1,392	1,367	-2%	1,534	1,629	6%				
nternal Medicine, Nephrology	753	743	-1%	1,815	1,795	-1%				
Allopath/Osteopath, Neurology	890	1,025	15%	969	1,240	28%				
Pharmacy, Community/Retail Pharmacy	1,121	1,120	0%	1,098	1,103	0%				
Behavioral Analyst	668	1,030	54%	784	1,123	43%				
Physician Assistant, Medical	966	1,018	5%	954	1,018	7%				
nternal Medicine, Gastroenterology	838	871	4%	1,094	1,152	5%				
Hospitalist	887	1,002	13%	737	872	18%				
Occupational Therapist	776	896	15%	810	945	17%				
General Acute Care Hospital	1,254	1,435	14%	400	373	-7%				
Ophthalmology	746	759	2%	989	1,042	5%				
Physical Therapist	857	1,016	19%	703	778	11%				
Pharmacy	836	858	3%	821	821	0%				
Jrology	659	654	-1%	958	950	-1%				
Dentist, General Practice	1,187	948	-20%	604	645	7%				
Optometrist	795	792	0%	759	782	3%				
nternal Medicine, Pulmonary Disease	737	729	-1%	848	825	-3%				
Psychiatry/Neurology, Psychiatry	798	828	4%	699	724	4%				
nternal Medicine, Hematology and Oncology	778	702	-10%	790	825	4%				
Nurse Practitioner, Pediatrics	861	767	-11%	576	574	0%				

Primary Care* Providers per 1000 Members

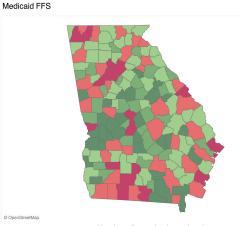
* Primary Care includes Internal Medicine, Family Medicine, General Practice, Pediatric doctors as defined by provider taxonomy.

Medicaid CMO



Bibb Bulloch Camden Catoosa Chatham Clayton Cobb Coffee Colquitt Columbia DeKalb Dougherty Effingham Fulton Glynn Gwinnett Hall Houston Laurens Lowndes Murray Muscogee Richmond Tift Troup Walker Whitfield

@ OpenStreetMap



 Number of counties in each color FFS

 CMO
 FFS

 0-50
 27
 51-100
 16

 51-100
 75
 101-150
 32

 101-150
 44
 151-200
 52

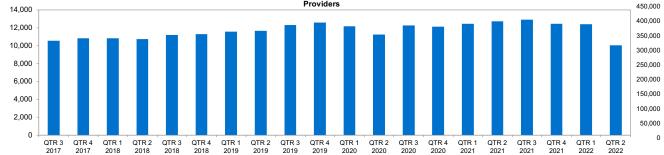
 151-200
 9
 201-250
 28

 201-250
 2
 250 +
 30

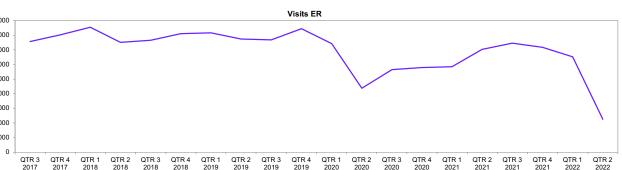
250 + 2

Trending of Visits ER and Number of Primary Care Physicians 2017 to 2022

Quarter 2 2022 only contains one month of data.



Providers with at least one claim in the time period specified were included in this analysis.

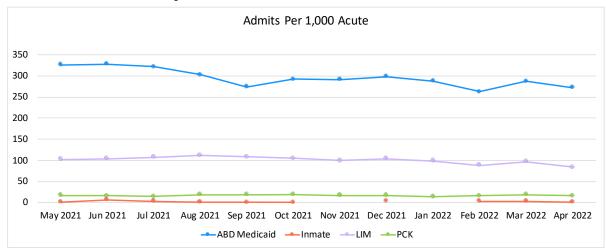


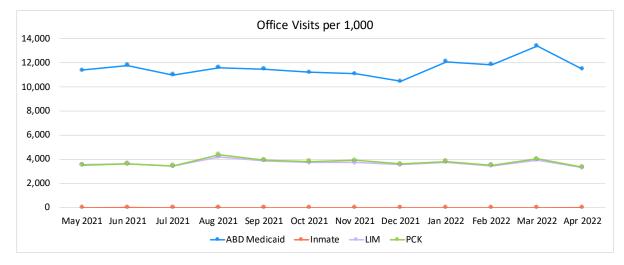
Provider Report

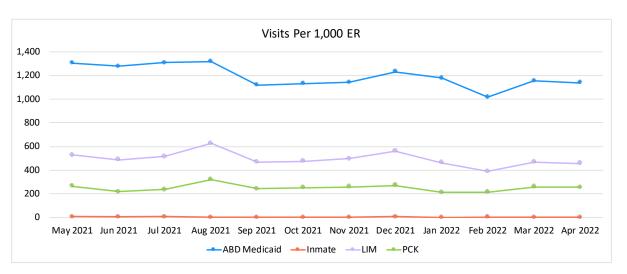
Claims Incurred through April 2022 and Paid through July 2022

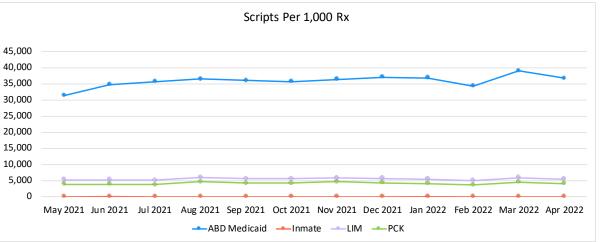
Monthly Trends per 1,000 Annualized

Excludes members with Medicare coverage.









Provider Report

Claims Incurred through April 2022 and Paid through July 2022

Top 10 Hospitals Based on Inpatient Admissions (Jan 2022 - Mar 2022)

Excludes members with Medicare coverage.

	as members with Medicare coverage.	СМО				
Rank	Hospital Name	# of Inpatient Admissions	Average Length of Stay (ALOS)	ALOS US Total MarketScan Benchmark*	Readmission Rate**	CMO Plan Paid Amount Fac per Admit***
1	NORTHSIDE HOSPITAL	1,920	3.94	2.86	2%	\$4,239
2	EMORY UNIVERSITY HOSPITAL MIDTOWN	1,478	3.34	3.36	2%	\$4,793
3	SAVANNAH HEALTH SERVICES, LLC	1,313	4.39	4.18	6%	\$8,154
4	NORTHEAST GEORGIA MEDICAL CENTER IN	1,210	3.16	3.78	2%	\$4,737
5	CHILDRENS HEALTHCARE OF ATLANTA	1,194	5.25	4.58	8%	\$17,533
6	GRADY MEMORIAL HOSPITAL	1,104	4.37	4.09	3%	\$8,604
7	WELLSTAR KENNESTONE HOSPITAL	1,056	3.38	3.30	4%	\$5,464
8	THE MEDICAL CENTER OF CENTRAL GEORGIA INC	947	4.41	4.22	5%	\$7,790
9	NORTHSIDE HOSPITAL, INC.	917	3.46	3.19	1%	\$5,084
10	DEKALB MEDICAL CENTER	821	3.53	2.81	2%	\$3,881
	All Other	26,857	4.16	4.05	3%	\$5,895
	Total	38,817	4.09	4.24	3%	\$6,219

Top 10 Hospitals Based on Emergent Visits (Jan 2022 - Mar 2022)

Excludes members with Medicare coverage.

	смо									
Rank	Facility Name	ER Visits per 1,000	% Emergent	Emergent ER Visits	Non-Emergent ER Visits	CMO Plan Paid Amount Facility*				
1	CHILDRENS HEALTHCARE OF ATLANTA	24	53%	6,061	5,394	\$12,387,392				
2	HUGHES SPALDING CHILDRENS HOSP	20	41%	4,008	5,744	\$7,620,188				
3	EGLESTON CHILDRENS HOSPITAL AT EMORY	15	48%	3,366	3,601	\$7,866,088				
4	SAVANNAH HEALTH SERVICES, LLC	13	41%	2,634	3,807	\$2,022,220				
5	MIDTOWN MEDICAL CENTER	10	42%	1,948	2,735	\$1,712,008				
6	NORTHEAST GEORGIA MEDICAL CENTER IN	8	53%	2,068	1,843	\$2,123,381				
7	WELLSTAR KENNESTONE HOSPITAL	7	54%	1,721	1,484	\$1,751,106				
8	NORTHSIDE HOSPITAL, INC.	7	60%	1,821	1,211	\$1,386,652				
9	WELLSTAR PAULDING HOSPITAL	7	53%	1,654	1,493	\$1,456,018				
10	THE MEDICAL CENTER OF CENTRAL GEORGIA INC	7	44%	1,356	1,744	\$953,253				
	All Other	N/A	51%	69,798	67,158	\$59,384,341				
	Total	N/A	50%	95,995	96,060	\$98,662,648				

		FFS				
Rank	Hospital Name	# of Inpatient Admissions	Average Length of Stay (ALOS)	ALOS US Total MarketScan Benchmark*	Readmission Rate**	Net Pay Fac Per Admit***
1	NORTHSIDE HOSPITAL	1,282	3.42	2.75	3%	\$4,617
2	GRADY MEMORIAL HOSPITAL	1,123	7.25	5.30	13%	\$14,048
3	CHILDRENS HEALTHCARE OF ATLANTA AT	613	6.31	5.43	11%	\$23,713
4	NORTHEAST GEORGIA MEDICAL CENTER IN	548	5.42	5.08	7%	\$8,988
5	CHILDRENS HEALTHCARE OF ATLANTA	531	5.92	5.27	11%	\$19,532
6	SAVANNAH HEALTH SERVICES, LLC	524	7.18	5.97	10%	\$12,533
7	THE MEDICAL CENTER OF CENTRAL GEORGIA INC	471	7.08	5.49	12%	\$13,026
8	NORTHSIDE HOSPITAL, INC.	466	5.07	3.69	8%	\$7,797
9	EMORY UNIVERSITY HOSPITAL MIDTOWN	463	6.19	5.19	15%	\$11,569
10	WELLSTAR KENNESTONE HOSPITAL	422	4.63	4.16	7%	\$8,004
	All Other	10,831	5.87	5.35	11%	\$10,029
	Total	17,274	5.81	5.66	11%	\$10,722

	FFS FFS										
Rank	Facility Name	Facility Name ER Visits % Emerge		Emergent ER Visits	Non-Emergent ER Visits	Net Payment Facility*					
1	GRADY MEMORIAL HOSPITAL	36	61%	1,181	748	\$2,810,561					
2	SAVANNAH HEALTH SERVICES, LLC	20	50%	566	556	\$490,954					
3	CHILDRENS HEALTHCARE OF ATLANTA	18	57%	569	429	\$1,204,571					
4	CHILDRENS HEALTHCARE OF ATLANTA AT	17	53%	505	453	\$933,533					
5	WELLSTAR ATLANTA MEDICAL CENTER, INC	16	59%	509	348	\$569,396					
6	MIDTOWN MEDICAL CENTER	16	51%	435	414	\$574,409					
7	EMORY UNIVERSITY HOSPITAL MIDTOWN	14	59%	455	316	\$564,944					
8	AU MEDICAL CENTER, INC	14	53%	408	360	\$601,304					
9	THE MEDICAL CENTER OF CENTRAL GEORGIA INC	13	49%	371	389	\$565,420					
10	PIEDMONT ATHENS REGIONAL MEDICAL CENTER, INC.	13	54%	384	327	\$474,745					
	All Other	N/A	55%	17,386	14,052	\$20,862,869					
	Total	N/A	55%	22,628	18,329	\$29,652,704					

Note: Emergent and Non-emergent wisits are defined by diagnosis codes. ER visits are a count of unique patient and service day combinations. Unique count total may be different from the sum of the ER visits from the individual hospitals, if individuals went to multiple hospitals on the same day. All COVID-19 related diagnosis for 2020 and 2021 are considered Emergent.

Top 10 Principal Diagnosis in Emergency Room (Jan 2022 - Mar 2022)

Emergent & Non-Emergent Visits are defined by Diagnosis codes.

	СМО									
Rank	Diagnosis*	ER Visits per 1,000	% Emergent	Emergent ER Visits	Non-Emergent ER Visits	CMO Plan Paid Amount Facility**				
1	J06 Acute upper respiratory infections of multiple and unspecified sites	20	0%	0	10,348	\$3,695,763				
2	R10 Abdominal and pelvic pain	17	94%	8,029	500	\$4,772,145				
3	R11 Nausea and vomiting	15	3%	219	7,378	\$3,051,746				
4	B34 Viral infection of unspecified site	11	0%	3	5,663	\$2,182,937				
5	R07 Pain in throat and chest	10	98%	4,922	96	\$2,659,792				
6	JO2 Acute pharyngitis	10	0%	0	4,896	\$1,565,927				
7	K52 Other and unspecified noninfective gastroenteritis and colitis	10	100%	4,767	0	\$2,496,532				
8	H66 Suppurative and unspecified otitis media	9	0%	0	4,796	\$1,467,079				
9	J45 Asthma	8	99%	4,029	38	\$2,971,262				
10	S01 Open wound of head	7	96%	3,666	153	\$1,674,426				
	All Other	N/A	53%	70,465	62,251	\$72,125,038				
	Total	N/A	50%	95,995	96,060	\$98,662,648				

		FFS				
Rank	Diagnosis*	ER Visits per 1,000	% Emergent	Emergent ER Visits	Non-Emergent ER Visits	Net Payment Facility**
1	R07 Pain in throat and chest	39	99%	2,357	16	\$2,272,933
2	R10 Abdominal and pelvic pain	32	97%	1,885	64	\$1,655,373
3	M54 Dorsalgia	22	0%	0	765	\$604,380
4	M25 Other joint disorder, not elsewhere classified	18	0%	0	1,107	\$395,643
5	M79 Other and unspecified soft tissue disorders, not elsewhere classified	17	85%	891	161	\$493,303
6	D57 Sickle-cell disorders	16	96%	957	41	\$743,212
7	R45 Symptoms and signs involving emotional state	14	10%	89	785	\$581,656
8	R11 Nausea and vomiting	14	3%	23	848	\$477,946
9	J06 Acute upper respiratory infections of multiple and unspecified sites	13	0%	0	781	\$286,779
10	N39 Other disorders of urinary system	13	0%	0	764	\$460,032
	All Other	N/A	56%	16,474	13,034	\$21,681,447
	Total	N/A	55%	22 628	18 329	\$29 652 704

^{***}CMO Plan Paid Amount is the amount the plan pays to providers. Net Payment is the amount DCH pays providers.

^{**}Includes both emergent and non-emergent ER wisits poyments, facilities with at least one emergent visit, out of state locations, and urgent care centers. CMO Plan Paid Amount is the amount the plan pays to providers. Net Poyment is the amount DCH pays providers.

**Note: Emergent and Non-emergent visits are defined by diagnosis codes. ER wisits are a count of unique patient and service day combinations. Unique count total may be different from the sum of the ER wisits from the individual hospitals, if individuals went to multiple hospitals on the same day. All COVID-19 related diagnosis for 2020 and 2021 are considered Emergent.

Member Report

Claims Incurred through April 2022 and Paid through July 2022

Medicaid Enrollment by CMO and FFS Health Plan

			er Enrollment* ers Avg)		1	Frend (Unique Member (Mar 2022 - Apr 2022)	•	
Plan	May 2021 - Jul 2021	Aug 2021 - Oct 2021	Nov 2021 - Jan 2022	Feb 2022 - Apr 2022	% Change in Recent 2 Qtrs	Members Added	Members Dropped	Net Difference
Georgia Families Amerigroup	540,794	559,213	575,838	591,012	3%	7,416	4,246	3,170
Georgia Families Peach State	974,124	987,311	1,003,046	1,017,586	1%	8,225	6,079	2,146
Georgia Families CareSource	382,669	401,675	417,331	431,579	3%	6,538	3,259	3,279
Medicaid CMO	1,897,587	1,948,199	1,996,216	2,040,177	2%	22,179	11,250	10,929
Medicaid FFS	250,906	252,539	249,527	242,368	-3%	9,688	12,067	-2,379
Total	2,148,493	2,200,739	2,245,743	2,282,545	2%	19,343	13,127	6,216

^{*} Excludes members with Medicare coverage

Note: Plan totals may not add to the CMO total as there may be movement across Plans. In addition, Wellcare members moved to other plans in May 2021 due to merger with Peach State.

Medicaid Enrollment by Aid Category Group

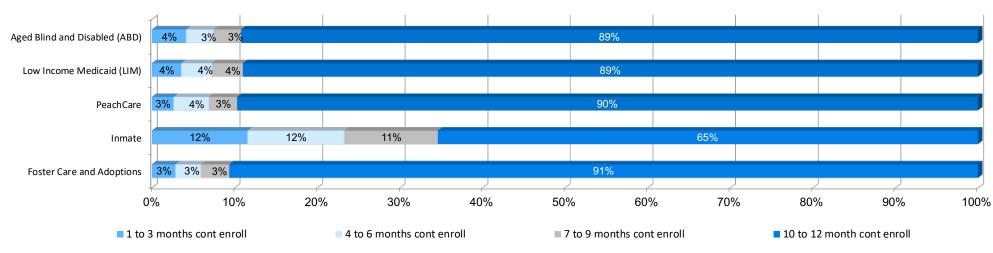
	Average Age (Current			ter Enrollment bers Avg)			Trend (Unique Members) (Mar 2022 - Apr 2022)			
Aid Category Group	Quarter)	May 2021 - Jul 2021	Aug 2021 - Oct 2021	Nov 2021 - Jan 2022	Feb 2022 - Apr 2022	% Change in Recent 2 Qtrs	Members Added	Members Dropped	Net Difference	
Aged	72	1,152	1,148	1,098	1,072	-2%	40	64	-24	
Blind and Disabled	35	182,653	182,120	179,609	176,918	-1%	564	1,474	-910	
Breast and Cervical Cancer	51	2,172	2,190	2,241	2,281	2%	48	52	-4	
Emergency Medical Services	28	4	5	3	3	0%	4	3	1	
Foster Care and Adoptions	11	31,659	31,906	32,259	32,600	1%	854	764	90	
Inmate	33	15,219	15,706	15,889	16,027	1%	485	451	34	
Katie Beckett	9	4,090	4,182	4,342	4,467	3%	15	6	9	
LIM Adult	35	248,440	257,710	265,433	271,878	2%	5,121	2,659	2,462	
LIM Child	10	506,994	524,164	538,751	549,413	2%	17,206	20,870	-3,664	
Medically Needy	61	6,314	6,355	6,466	6,531	1%	253	256	-3	
Medicare	63	312	342	355	351	-1%	20	45	-25	
PeachCare	11	178,491	182,827	189,615	194,042	2%	8,125	7,963	162	
Planning for Healthy Babies	31	77,595	77,191	76,899	76,485	-1%	969	1,438	-469	
QMB	57	527	553	572	611	7%	59	13	46	
RSM Child	9	800,283	814,367	825,046	835,486	1%	29,532	22,408	7,124	
RSM Mother	28	92,359	99,643	106,554	113,402	6%	4,953	3,718	1,235	
Refugee	32	231	329	613	979	60%	177	25	152	
Total*	16	2,148,493	2,200,739	2,245,743	2,282,545	2%	19,343	13,127	6,216	
Dual Eligible	66	376,996	382,582	386,935	390,323	1%				

^{*} Excludes members with Medicare coverage

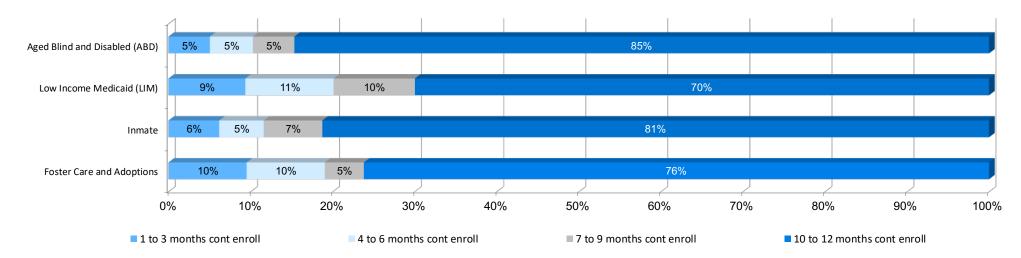
Note: Aid Category Group totals may not add to the total as there may be movement across aid categories.

Continuous Enrollment for Non-Medicare Enrollees in Rolling Previous 12 Months

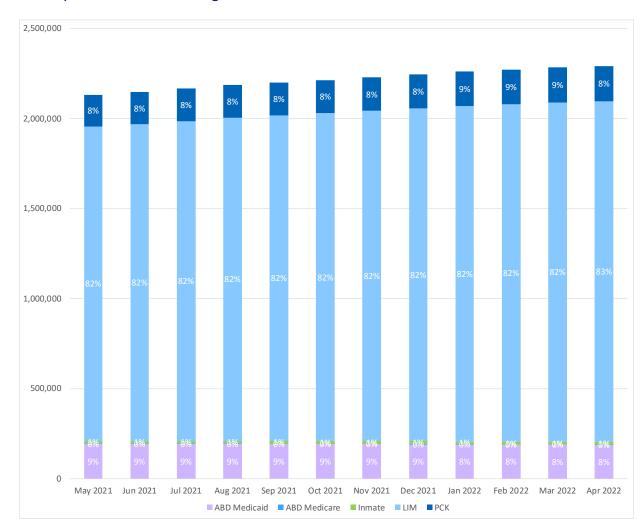
Excludes members with Medicare coverage.



Continuous Enrollment for **Dual Eligible Enrollees** in Rolling Previous 12 Months

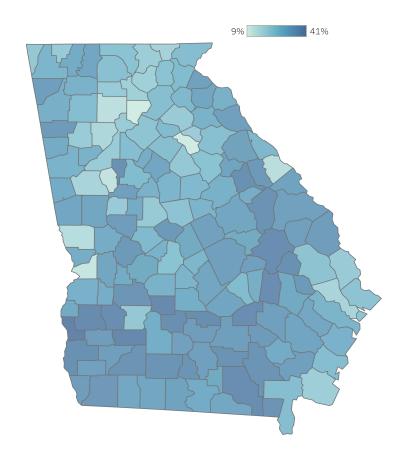


Monthly Enrollment for Rolling Previous 12 Months



Note: ABD includes Aged, Blind and Disabled, Emergency Medical Services, Katie Beckett, Medically Needy. LIM includes LIM Adults, LIM Children, RSM Mother, RSM Children, Breast and Cervical Cancer, Planning for Healthy Babies, Refugee

Percent of Medicaid Members by County Population*



*County Population totals are from https://www.census.gov/

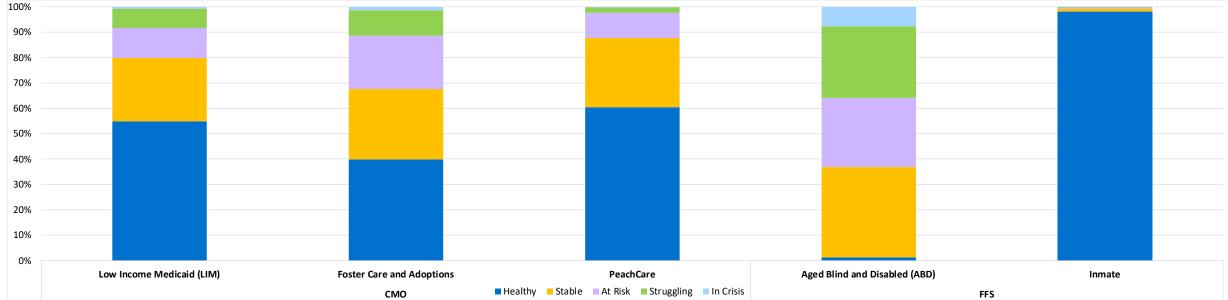
Member Report

Claims Incurred through April 2022 and Paid through July 2022

Risk Scores by Aid Category (DCG Incurred Jan 2021 - Dec 2021)

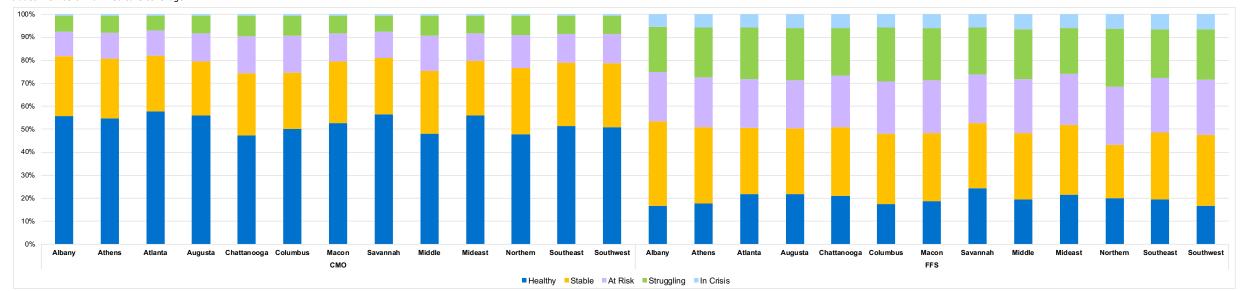
Excludes members with Medicare coverage.





Risk Scores by Region (DCG Incurred Jan 2021 - Dec 2021)

Excludes members with Medicare coverage

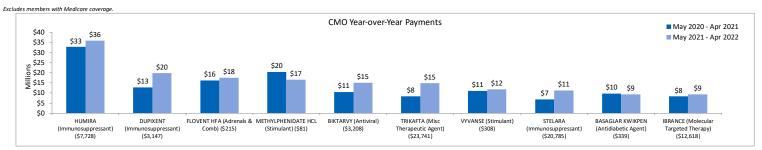


Clinical Report

Claims Incurred through April 2022 and Paid through July 2022

Top 10 Prescriptions (CMO Plan Paid Amount)

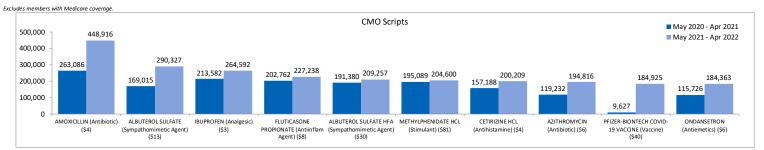
СМО



Payment per Script is shown in parentheses. CMO Plan Paid Amount is the amount the CMO plan pays the provider and is shown in millions.

Top 10 Prescriptions (Scripts)

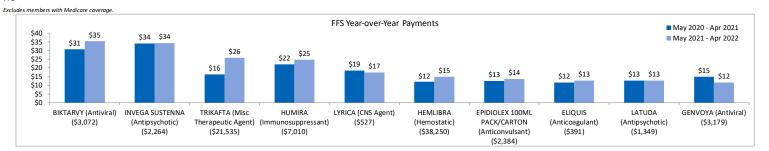
СМО



Payment per Script is shown in parentheses. CMO Plan Paid Amount is the amount the CMO plan pays the provider and is shown in millions

Top 10 Prescriptions (Net Payments)

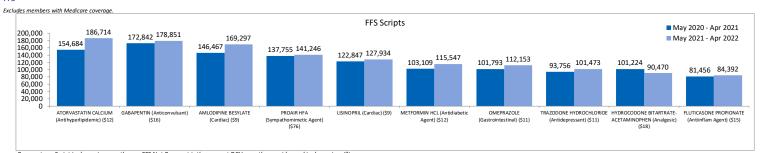
FFS



Payment per Script is shown in parentheses. FFS Net Payment is the amount DCH pays the provider and is shown in millions.

Top 10 Prescriptions (Scripts)

FFS.



Payment per Script is shown in parentheses. FFS Net Payment is the amount DCH pays the provider and is shown in millions.

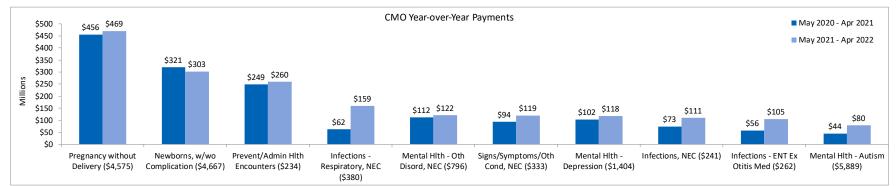
Clinical Report

Claims Incurred through April 2022 and Paid through July 2022

Top 10 Clinical Conditions for Non-Medicare Enrollees (CMO Plan Paid Amount)

CMO

Excludes members with Medicare coverage.

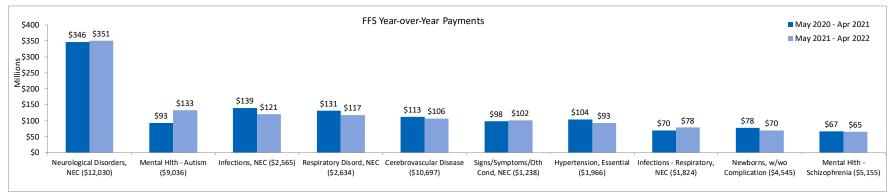


Payment per Patient is shown in parentheses. CMO Plan Paid Amount is the amount the CMO plan pays the provider and is shown in millions.

Top 10 Clinical Conditions (Net Payments)

FFS

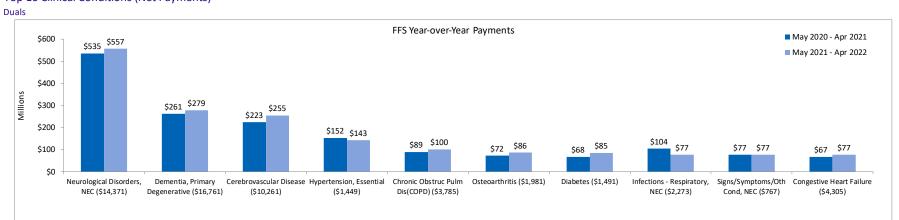
Excludes members with Medicare coverage.



Payment per Patient is shown in parentheses. FFS Net Payment is the amount DCH pays the provider and is shown in millions.

Note: Deliveries in FFS likely occurred while members were in their choice period before they were enrolled in a CMO.

Top 10 Clinical Conditions (Net Payments)

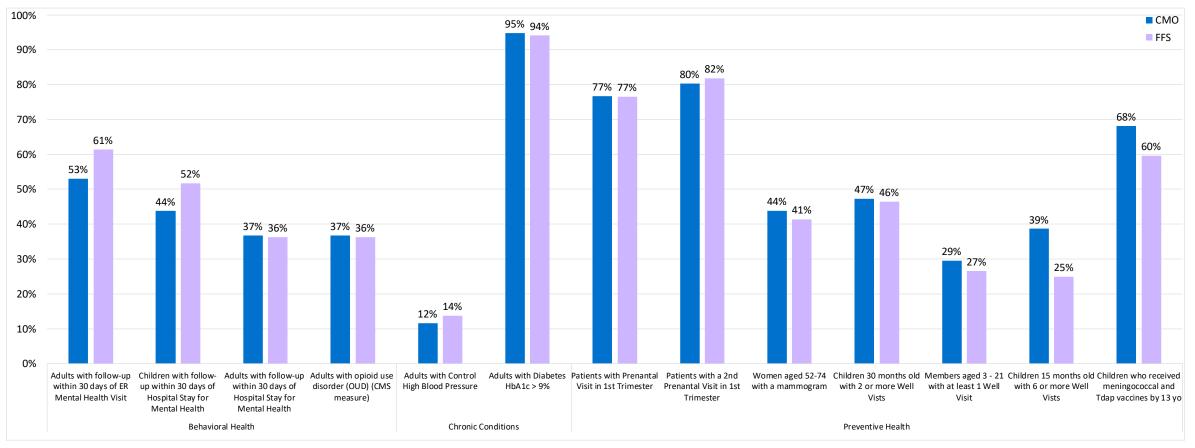


Clinical Report Claims Incurred through April 2022 and Paid through July 2022

Quality Measures (Incurred with Run-off Month July 2022)

Measures are based on HEDIS specifications unless otherwise noted.

Excludes members with Medicare coverage.



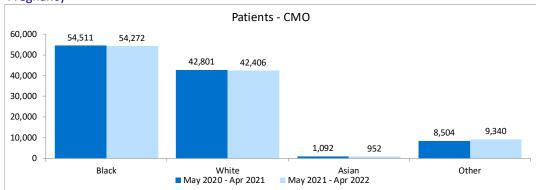
Rule Measure Code	Rule Measure	Description
916	HEDIS FUM-AD FU w/in 30d Aft ED Visit Mnt Illness 1st	The percentage of members with an emergency department visit who received a follow-up within 30 days of the mental health visit.
918	HEDIS FUH-CH FU w/in 30d After Hosp Stay for MH 1st	The percentage of members ages 6 -17 with a hospital visit who received a follow-up within 30 days of the mental health visit.
920	HEDIS FUH-AD FU w/in 30d After Hosp Stay for MH 1st	The percentage of members 18 years and older with a hospital visit who received a follow-up within 30 days of the mental health visit.
937	CMS OUD-AD Opioid Use Disorder Total	Percentage of patients ages 18 to 64 with an opioid use disorder (OUD) who filled a prescription for or were administered or dispensed FDA-approved medication for the disorder during the measurement year.
812	HEDIS CBP-AD Control High Blood Pressure	The percentage of patients aged 18 to 85 years who had a visit with a diagnosis of hypertension (<140/90 mm Hg) excludes patients that are 81 years of age and older with frailty, age 66-80 years of age with frailty and advanced illness or in hospice care during the measurement year.
591	HEDIS HPC-AD Diabetes HbA1c Greater Than 9 Percent	The percentage of patients with type 1 or type 2 diabetes, aged 18 to 75 years, whose most recent HbA1c test result value was greater than 9%. Missing results are treated as being numerator compliant. This excludes patients with a diagnosis of gestational or steroid - induced diabetes, and those with no encounter for diabetes during the measurement year or the year prior. It also excludes patients who used hospice services during the measurement year.
813	HEDIS PPC-CH Prenatal Care 1st	The percentage of patients who received a prenatal care visit as a member of the organization in the first trimester, on the enrollment start date or within 42 days of enrollment in the organization. Excludes patients in hospice during the measurement year.
1018	HEDIS PPC-CH Prenatal Care 2nd	The percentage of patients who received a second prenatal care visit as a member of the organization in the first trimester, on the enrollment start date or within 42 days of enrollment in the organization. Excludes patients in hospice during the measurement year.
578	HEDIS BCS-AD Breast Cancer Screens	The percentage of women aged 52 to 74 years at the end of the measurement period, who had a mammogram done during a 27 - month measurement period. This excludes women who had a bilateral mastectomy or two unilateral mastectomies 14 or more days a part any time prior to or during the measurement period, based on claims included in the database. It also excludes women who used any hospice services during the measurement year.
1020	HEDIS W30-CH Well Visit GE 2 Turning 30 mth	The percentage of children who turned 30 months old during the measurement year and had two or more well-child visits with a primary care practitioner.
615	HEDIS WCV-CH Well Care Visits Adolescents	The percentage of adolescents aged 3 - 21 years, who had at least one comprehensive well-care visit with a primary care physician (PCP) or a gynecologist during the measurement year.
638	HEDIS W30-CH Well Visit GE 6 in First 15 mth	The percentage of children, during their first 15 months of life, who had six or more well-child visits with a primary care practitioner.
827	HEDIS IMA-CH Adolescent Immune Combo 1	The percentage of adolescents who turned 13 years old and received meningococcal vaccine and one tetanus diphtheria vaccine during the measurement year.

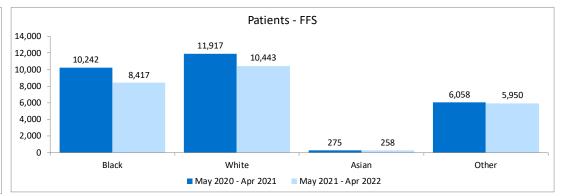
Clinical Report

Claims Incurred through April 2022 and Paid through July 2022

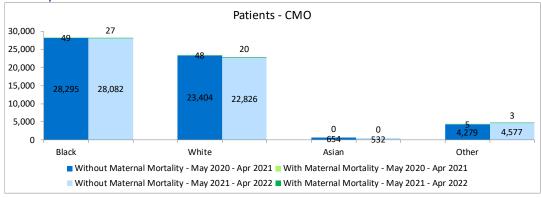
Excludes members with Medicare coverage.

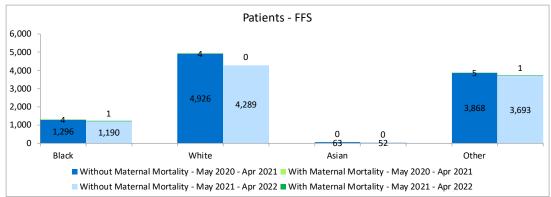
Pregnancy



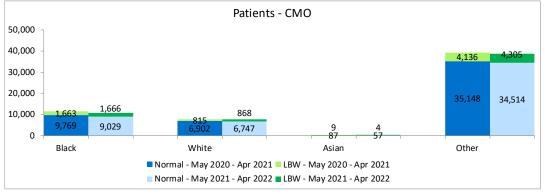


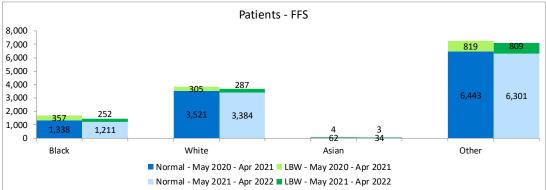
Delivery





Birth





The Medicaid Planning for Healthy Babies methodology was used to define pregnancies, deliveries and births for consistency. Please contact DCH or IBM for the specific criteria. Maternal mortality is defined by date of death provided on the eligibility file and may be underreported.

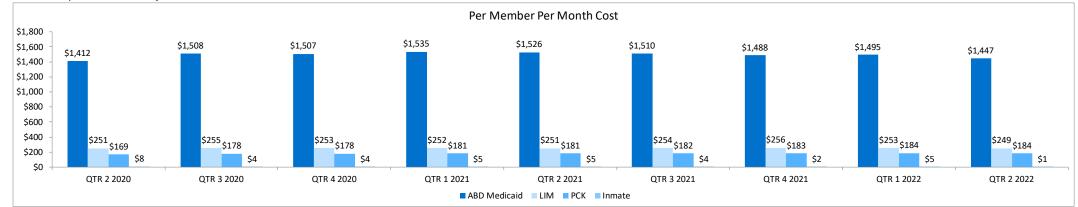
Finance Report

Claims Incurred through April 2022 and Paid through July 2022

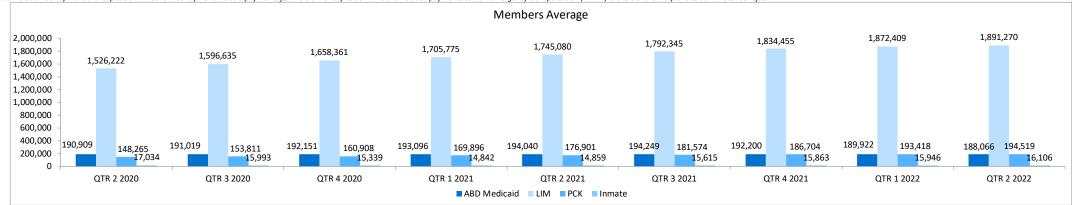
Financial Results by Aid Category

Excludes members with Medicare coverage.

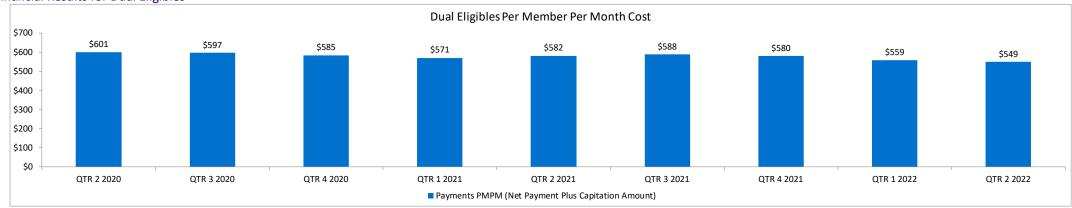
Quarter 2 2022 only includes one month of data



Costs include Net Payment and Capitation Amount. Net Payment include payments for FFS claims. Capitation Amount includes payments to non-emergency transportation (NEMT) brokers and CMO plans to administer benefits.



Financial Results for Dual Eligibles



Costs include Net Payment and Capitation Amount. Net Payment include payments for FFS claims. Capitation Amount includes payments to non-emergency transportation (NEMT) brokers and CMO plans to administer benefits.

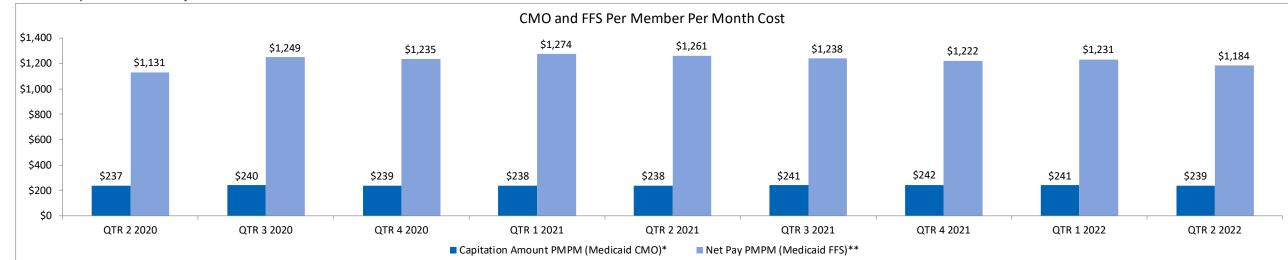
Finance Report

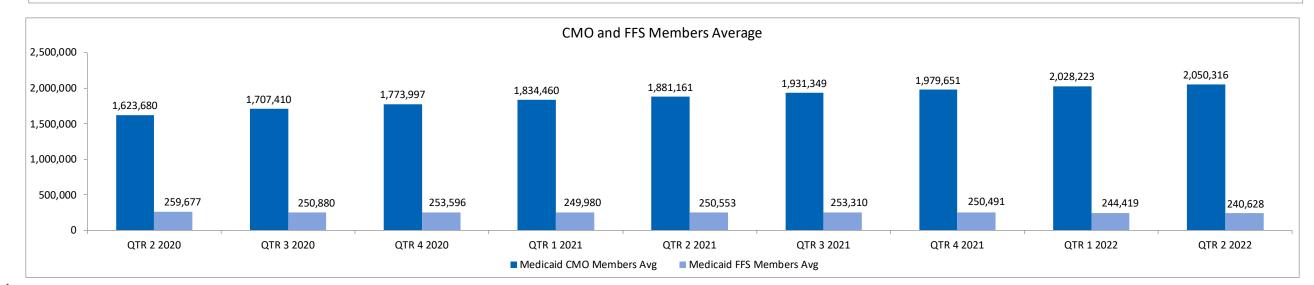
Claims Incurred through April 2022 and Paid through July 2022

Financial Results by Plan Group

Excludes members with Medicare coverage.

Quarter 2 2022 only includes one month of data





^{*} Capitation Amount is the amount Medicaid paid to the plan; this amount is used to calculate the CMO PMPM cost and includes payments to non-emergency transportation (NEMT) brokers and CMO plans.

^{**}Net Payment is used to calculate PMPM cost for FFS plans.

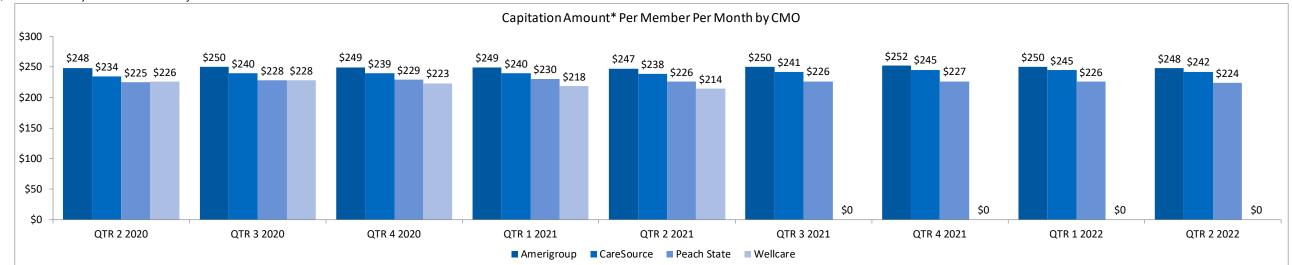
Finance Report

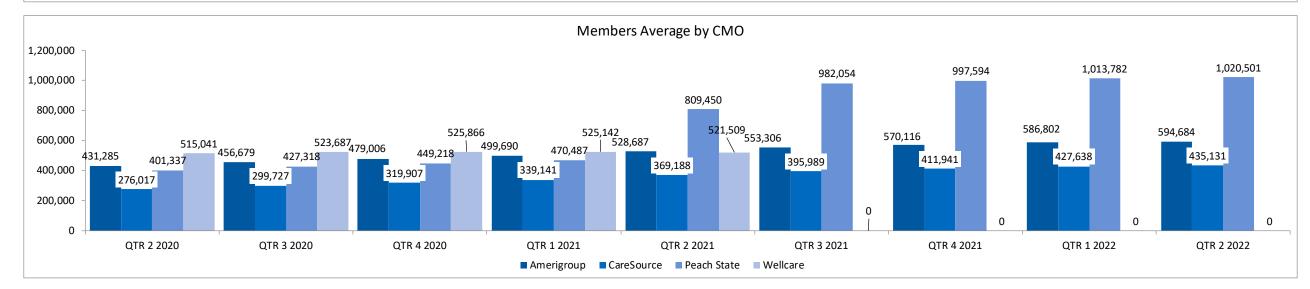
Claims Incurred through April 2022 and Paid through July 2022

Financial Results by CMO

Excludes members with Medicare coverage.

Quarter 2 2022 only includes one month of data



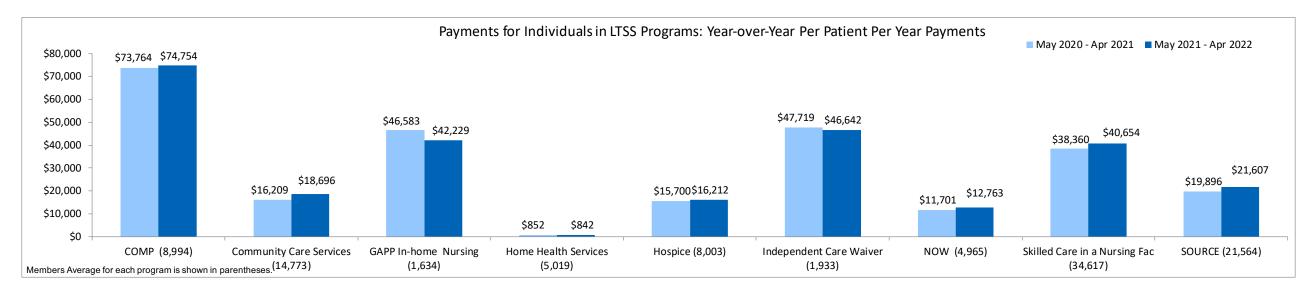


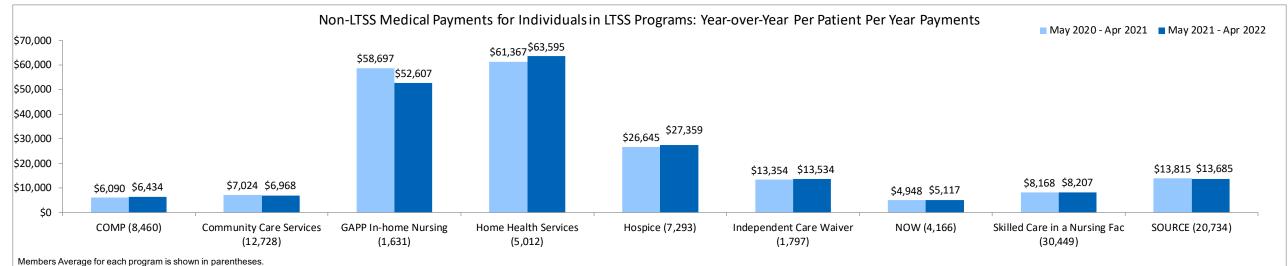
^{*}Capitation Amount is what Medicaid paid and excludes NEMT. Wellcare members moved to other plans in May 2021 due to merger with Peach State, which accounts for the large increase in Peach State members average in Q2 2021.

Finance Report

Claims Incurred through April 2022 and Paid through July 2022

Long Term Care (LTC) Services Summary





Note: LTSS report includes members with Medicare coverage.